

CHAPLAIN CANDIDATE PROGRAM OFFICER (CCPO) ANNUAL UPDATE

To remain eligible in the CCPO Program you must complete and submit this form each year.

Name: _____
(Rank / First / MI / Last)

Portion of Basic Course completed: *Full / Half / None* *Anticipated/actual date of completion:* _____

Current Address: _____ Current Phone: *Home* _____

Work _____
Email _____

Alternate Point of Contact: *Name/Relationship* _____
Phone _____

Religious Affiliation/Diocese: *(Please be specific.)*

----- CERTIFICATION OF STATUS -----

1. I am a full-time student in seminary or graduate religious school. YES NO

Anticipated/actual date of graduation: _____

Name of school: _____

2. I am ordained. YES NO

Anticipated/actual date of ordination: _____

3. I am eligible for ecclesiastical endorsement. YES NO

Anticipated date of application for superseding appointment: _____

4. I desire active duty. YES NO

If yes, when? _____

5. If eligible for ecclesiastical endorsement and have not applied for superseding appointment, explain:

6. Recent OJT Experiences:

PRIVACY ACT STATEMENT: Authority to request this information is derived from United States Code, 301 Department Regulations. The principal purpose is to keep your records up to date. This information will be used by the Department of the Navy. The form is subsequently filed in an individual's office personnel record for any routine personnel management action required. Disclosure of the information requested is mandatory.

Signature: _____ Date: _____

Send this form to:

Naval Chaplains School, OTCN

NRSE CHAPLAIN OFFICER STUDENT UNIT

114 Porter Avenue Newport, RI 02841-1210

Phone: (401) 841-7912 or (800) 535-9026 • FAX: (401) 841-7045 • DSN: 948-7912

Enclosure (1)